





together with applicable fee(s), to: Mail

Mail Stop ISSUE FEE Commissioner for Patents P.O. Box 1450 Alexandria, Virginia 22313-1450 (703) 746-4000

or For

maintenance fee notifications. CURRENT CORRESPONDENCE ADDRESS (Note: Use Block 1 for any change of address)				Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.		
021005 759	06/14/2005			have its own certific	ate of mailing or transmission.	6,
HAMILTON, BR	OOK, SMITH & RE	YNOLDS, P	.C.		Certificate of Mailing or Trans	smission
530 VIRGINIA RO	AD			I hereby certify that States Postal Service	this Fee(s) Transmittal is bein e with sufficient postage for fir fail Stop ISSUE FEE address SPTO (703) 746-4000, on the o	g deposited with the United
P.O. BOX 9133				addressed to the M	Iail Stop ISSUE FEE address	above, or being facsimile
CONCORD, MA 0: /2005 AKELECH2 000000	1742-9133 41 10820478			Tenni	Fer Warne	
:1501	1400.00 DP			Denn	11 7. 0.0	***
:1504 300.00 pp				Jew	10-6-05	(Date)
: 8001	45.00 OP				19-7-03	(52.4)
APPLICATION NO.	FILING DATE	FIRST NAMED INVE		VVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/820,478	820,478 04/08/2004		Sudhir V.	Shah	2629.1003-008	8698
APPLN. TYPE	SMALL ENTITY	ISSUE FI	EE.	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1400		\$300	\$1700	09/14/2005
. •					¬ ••••	077.02003
EXAMINER WINSTON, RANDALL O		ART UN	11	CLASS-SUBCLASS 435-004000		
winston, K	ANDALLO	1034		433-004000		
Change of corresponde Address form PTO/SB/12. "Fee Address" indication PTO/SB/47; Rev 03-02 of Number is required.	tion form	or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.				
(A) NAME OF ASSIGNE	an assignee is identified be 37 CFR 3.11. Completion o E	low, no assignee of this form is NOI	data will appear Ta substitute for) RESIDENCE:	on the patent. If an assi filing an assignment. (CITY and STATE OR C	ignee is identified below, the d	locument has been filed for
	edical, LLC			ck, Arkansas		
					Corporation or other private gr	oup entity Government
4a. The following fee(s) are enclosed: 4b. Payment of F						
			A check in the amount of the fee(s) is enclosed.			
Publication Fee (No small entity discount permitted)			Payment by credit card. Form PTO-2038 is attached. Charge any deficiency The Director is hereby authorized by charge the required tex(s), or credit any overpayment, to Deposit Account Number 08=0380 (enclose an extra copy of this form).			
Advance Order - # of	Copies 15		The Director Deposit Account	or is hereby authorized by it Number 08=03	charge the required leo(s), or (enclose an extra c	credit any overpayment, to
. Change in Entity Status (from status indicated above)		<u> </u>		<u> </u>	
a. Applicant claims SM	IALL ENTITY status. See 3	7 CFR 1.27.	b. Applicant	is no longer claiming SM	IALL ENTITY status. See 37 C	FR 1.27(g)(2).
The Director of the USPTO is NOTE: The Issue Fee and Punterest as shown by the recon	s requested to apply the Issu- blication Fee (if required) w ds of the United States Pate	e Fee and Publicat ill not be accepted at and Trademark	ion Fee (if any) I from anyone of Office.	or to re-apply any previou her than the applicant; a re	usly paid issue fee to the applicate a storney or agent; or the	ation identified above. he assignee or other party in
Authorized Signature	Maus	Mu	ucy	Date	September	9, 2005
Typed or printed name	Mary K. Mur			Registration		
T1	is married by 27 CED 1 21	1 The information	n is manifed to	htain as matain a hanafit h	y the public which is to file (an 2 minutes to complete, includir comments on the amount of tind Trademark Office, U.S. Depess. SEND TO: Commissioner	d by the LICETO to process

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.